

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/807504

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
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19		18				
20		19				
21		20				
22		21				
23		22				
24		23				
25	/					
26		1				
27		2				
28		3				
29		4				
30		5				
31		6				
32		7				
33		8				
34		9				
35		10				
36		11				
37		12				
38		13				
39		14				
40		15				
41		16				
42		17				
43		18				
44		19				
45		20				
46		21				
47		22				
48		23				
49		24				
50		25				
TOTAL IND.	11		4		1	
TOTAL DEP.		36		33		12
TOTAL CLAIMS	40		37		13	

	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/				/
52				/				/
53				/				/
54				/				/
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS